

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-549259

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10	1					
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17	1					
18		/				
19		/				
20		/				
21		/				
22	1					
23		/				
24		/				
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50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	26	←		←		←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						